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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Plateau Insurance Company
<b>TOI/Sub-TOI:</b>	CR04G Group Credit - Life/CR04G.003 Single Premium		
<b>Product Name:</b>	AR-GCLD-GHA (11/12)		
<b>Project Name/Number:</b>	AR-GCLD-GHA (11/12)/		

## Filing at a Glance

Company:	Plateau Insurance Company
Product Name:	AR-GCLD-GHA (11/12)
State:	Arkansas
TOI:	CR04G Group Credit - Life
Sub-TOI:	CR04G.003 Single Premium
Filing Type:	Form
Date Submitted:	11/08/2012
SERFF Tr Num:	PLIG-128761559
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AR-GCLD-GHA (11/12)
Implementation	On Approval
Date Requested:	
Author(s):	Debbie Elms
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/15/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

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## General Information

Project Name: AR-GCLD-GHA (11/12)	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Other	Explanation for Other Group Market Type: Credit
Overall Rate Impact:	Filing Status Changed: 11/15/2012
	State Status Changed: 11/15/2012
Deemer Date:	Created By: Debbie Elms
Submitted By: Debbie Elms	Corresponding Filing Tracking Number:

### Filing Description:

Plateau Insurance Company has credit life and disability forms and rates approved, under SERFF transmittal numbers PLIG 127644389, approved 9/27/11. We have been requested by one of our producers to seek approval for an additional application. This is a new form, and does not replace any previously approved form. The Schedule portion, which is reproduced in the Certificate, will remain unchanged. The application has been changed to reference a good health statement, rather than yes/no health conditions. We are asking for your review and approval of the attached group credit life and disability application, to be used in combination with Certificate form # AR-GCLD-C-(10/11), approved on 9/27/2011.

We will continue to use our currently approved single premium credit life and disability rates with the submitted forms. Those rates were approved under the SERFF transmittal number referenced above.

Unless otherwise notified by your Department, we may make formatting changes to the document, to meet the printing requirements of future accounts. No language will be added or deleted, any changes will be in formatting only.

## Company and Contact

### Filing Contact Information

Debbie Elms,	debbie.elms@800plateau.com
P.O. Box 7001	817-369-4294 [Phone]
Crossville, TN 38557-7001	

### Filing Company Information

Plateau Insurance Company	CoCode: 97152	State of Domicile: Tennessee
P. O. Box 7001	Group Code: 629	Company Type: Life
Crossville, TN 38557	Group Name: Plateau Group Inc.	State ID Number:
(931) 484-8411 ext. [Phone]	FEIN Number: 62-1216897	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	Fee of \$50 per form x one submitted form = \$50.00
Per Company:	No

**SERFF Tracking #:** PLIG-128761559

**State Tracking #:**

**Company Tracking #:** AR-GCLD-GHA (11/12)

**State:** Arkansas

**Filing Company:** Plateau Insurance Company

**TOI/Sub-TOI:** CR04G Group Credit - Life/CR04G.003 Single Premium

**Product Name:** AR-GCLD-GHA (11/12)

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Company	Amount	Date Processed	Transaction #
Plateau Insurance Company	\$50.00	11/08/2012	64688728

<b>SERFF Tracking #:</b>	PLIG-128761559	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AR-GCLD-GHA (11/12)
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/15/2012	11/15/2012

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## Disposition

Disposition Date: 11/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Group Debtor Application		Yes

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## Form Schedule

Lead Form Number: AR-GCLD-GHA (11/12)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Debtor Application	AR-GCLD-GHA (11/12)	AEF	Initial		40.000	AR GCLD GHA 11 12.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

SCHEDULE						
Debtor (Called You Or Your) (name & address) [John Doe 1234 Consumer Lane Any City, AR 00000]		DOB (mm/dd/yy)  [3-15-75]	Social Sec. #  [123-45-6978]	Sex  [M]	Loan/Certificate #  [AR012345]	Group Policy #  [BGP001]
Co-Debtor (If Any) (name & address)		DOB (mm/dd/yy)	Social Sec. #	Sex	Interest Rate  [4.50]      %	Loan Officer Code  [AGB01]
Creditor/First Beneficiary (name & address) [ABC National Bank, 1000 Lender Ave., Any City, AR 00000]				Second Beneficiary (name & address) [Jane Doe]		
Loan Term [36]    months	Insurance Term [36]    months	First Payment Date [06-01-10]		Payment Frequency [monthly]		Loan Amount \$[11,391.84]
Life Insurance Effective Date [5-5-2010]		Life Insurance Expiry Date [5-1-2013]		Disability Insurance Effective Date [5-5-2010]		Disability Insurance Expiry Date [5-1-2013]
Life Coverage					Initial Amt. of Ins.	Life Premium
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Reducing Term					\$[11,391.84]	\$[222.14]
<input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> Level Term <input type="checkbox"/> Level Term (balloon)						
Disability Coverage (Single Coverage for First Insured Debtor Only)					Monthly Benefit	Disability Premium
[[X] 7 Day Retroactive]    [[ ] 14 Day Retroactive]    [[ ] 30 Day Retroactive] [[ ] 14 Day Non-Retroactive]    [[ ] 30 Day Non-Retroactive]					[316.44]	[420.36]
Monthly Benefits start on the [1 <sup>st</sup> ]      day after a waiting period of [14]    days.					TOTAL PREMIUM	\$[642.50]

CREDIT INSURANCE MAXIMUM TERMS, AMOUNTS, AGES

Credit Life				Disability with Life Coverage		
Age	Amount	Reducing Term	Level Term	Age	Amount	Term
[18-59*]	[\$100,000]	[120 months]	[84 months]	[18-59**]	[\$1,000/month]	[84 months***]
[60-65*]	[\$50,000]	[[84 months]	[60 months]	[60-65**]	[\$1,000/month]	[60 months]
[66-69*]	[\$20,000]	[48 months]	[24 months]	Disability Only****		
[70*]	[\$5,000]	[12 months]	[12 months]	[18-49**]	[\$1,000/month]	[84 months***]
[*Coverage terminates at age 71. **Coverage terminates at age 66.				[50-65**]	[\$750/month]	[84 months***]
[Health questionnaire required on all certificates where applicant is over 60 years of age AND amount exceeds \$25,000.]				[***Maximum disability benefit shall not exceed \$50,000 as to term and monthly benefit amount. ****Health questionnaire required on all disability only certificates when applicant is age 50 or above.]		

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In the event of pre-payment of your loan, refer to the “REFUNDS” section of this certificate.

APPLICATION	
STATEMENT OF INSURED DEBTOR AND CO-DEBTOR	
I hereby declare that I am in GOOD HEALTH and that I have not received care or treatment during the last 12 months for: heart or vascular disease, cancer, insulin dependent diabetes, acquired immune deficiency syndrome (AIDS), or its related complex; or disorders of the circulatory system, respiratory, intestinal or urinary tract. If applying for disability coverage in addition to the declaration above, I also declare that I have not received care or treatment during the last 12 months for: disorders of the back, spine, neck or joints, mental or nervous disorders or drug addiction or alcoholism. I am currently gainfully employed and capable of working at least 30 hours per week for at least [one month] prior to and on the Effective Date. I am not now receiving nor have I applied for disability benefits from any other source.	
By signing below, I state that I have read this Application and represent that I am eligible and insurable for the coverage selected above. I understand that: (1.) no person has the authority to waive, change, or modify this application or the Certificate of Insurance; (2.) any material misrepresentation may be the basis for contesting the Certificate of Insurance or denial of a claim; and (3.) this insurance is not required to obtain credit.	
Debtor (First Signer of Contract)	Date
Co-Debtor	Date

If the life insurance you have is LEVEL TERM LIFE, the amount of life insurance we agree to pay shall be equal to the original initial amount of insurance, until the term of coverage ends. I ELECT TO PURCHASE LEVEL TERM LIFE INSURANCE COVERAGE.	
Debtor (First Signer of Contract)	Date
Co-Debtor	Date

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Attached is a Certification of Compliance addressing each item requested.		
Attachment(s):			
AR Cert of Comp.pdf			



**STATE OF ARKANSAS  
PLATEAU INSURANCE COMPANY  
Compliance Certification**

This is to certify that AR-GCLD-GHA (11/12), meets the requirements of Rule and Regulation 19, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-GCLD-GHA (11/12), meets the requirements of Rule and Regulation 49, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-GCLD-GHA (11/12), meets the requirements of the Consumer Information Notice, as required under ACA 23-79-138 and Bulletin 15-2009.

This is to further certify that AR-GCLD-GHA (11/12), meets the requirements for simplified policy forms as required by ACA 23-80-206 with regard to Flesch Scores, attaining a score of 40.

The Certificate of Insurance and Group Policy are printed in ten-point type.

A handwritten signature in black ink, reading "Joe R. Elms". The signature is written in a cursive, flowing style.

Joe R. Elms, Vice President  
Plateau Insurance Company